

# Booking Form

I would like to book our Christmas Meal/Party  
(Please complete in block capitals)

Contact Name:	Contact Tel. No.
Company Name:	Company Tel.No.
Party Date:	Time (Starters served at):
Deposit Paid £	Dep. Paid by:
Number in Party: Adults	Children Total:

**Please state any Allergies or dietary requirements when ordering  
as changes may need to be made during preparation**

## Menu Selection Form

Starters		Allergies / Dietary requirements
Homemade Soup		
Pate		
Mushrooms		
Brie		
Main Course		Allergies / Dietary requirements
Traditional Roast Turkey		
Belly Pork		
Salmon		
Nut Roast		
Desserts		Allergies / Dietary requirements
Christmas Pudding		
Cheesecake		
Brulee		
Cheese & Biscuits		

Please complete the above form and send a £10.00 per person  
non-refundable deposit  
to help us maintain the highest standard of service  
(Only one receipt/bill can be given for each party)

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